

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-020846

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 227 Primary Registration District No. 5-803- Registrar's No. 28

STATE FILE NUMBER

FILED JUN 3 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
1 0690			
2 0690			
3			
4 0			
5 1			
6			
7 0			
8 2			
9 420.1			
10			
11			
12 90-0			
13 2-0			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	
ITEM NO.			

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>JEFFERSON TWP.</b>		c. CITY OR TOWN <b>JEFFERSON TWP.</b>	
Length of stay in lb <b>20 YRS.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>14 MI. S.E. OF PARIS, MO.</b>		d. STREET ADDRESS (If outside, give location) <b>14 MI. S.E. OF PARIS, MO.</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>JOHN ALLEN HATTEN</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/25/1893</b>
9. AGE (last birthday) <b>69</b>		10. IF UNDER 1 YEAR Months <b>8</b> Days <b>2</b> Hours <b>-</b> Min. <b>-</b>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GENERAL FARMING</b>		12. KIND OF BUSINESS OR INDUSTRY <b>GENERAL FARMING</b>	
13. BIRTHPLACE (City and state or country) <b>MO.</b>		14. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
15. FATHER'S NAME <b>ANDREW J. HATTEN</b>		16. MOTHER'S MAIDEN NAME <b>NANCY F. KRIGBAUM</b>	
17. NAME OF HUSBAND OR WIFE <b>PEARL MAY HATTEN</b>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
19. SOCIAL SECURITY NO. <b>[REDACTED]</b>		20. INFORMANT <b>PEARL MAY HATTEN PERRY, MO.</b>	
21. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cervical Artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
22. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	23a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	24. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
25. TIME OF INJURY Hour <b>-</b> a.m. <b>-</b> p.m.	26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	28. CITY, TOWN, OR LOCATION COUNTY <b>MONROE</b> STATE <b>MO.</b>		
29. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <b>10:00</b> <b>P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
30. SIGNATURE <b>[Signature]</b>		31. ADDRESS <b>[Signature]</b>	
32. DATE SIGNED <b>5/27/63</b>		33. (State)	
34. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	35. DATE <b>5/30/1963</b>	36. NAME OF CEMETERY OR CREMATORY <b>STOUTSVILLE CEM.</b>	37. LOCATION (City, town, or county) <b>STOUTSVILLE, MO.</b>
38. FUNERAL DIRECTOR <b>E. H. AGNEW</b>	39. ADDRESS <b>PARIS, MO.</b>	40. DATE RECD. BY LOCAL REG. <b>5-28-63</b>	41. REGISTRAR'S SIGNATURE <b>[Signature]</b>

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.